DEMONSTRATED METHODOLOGY FOR MOBILE CRISIS RESPONSE
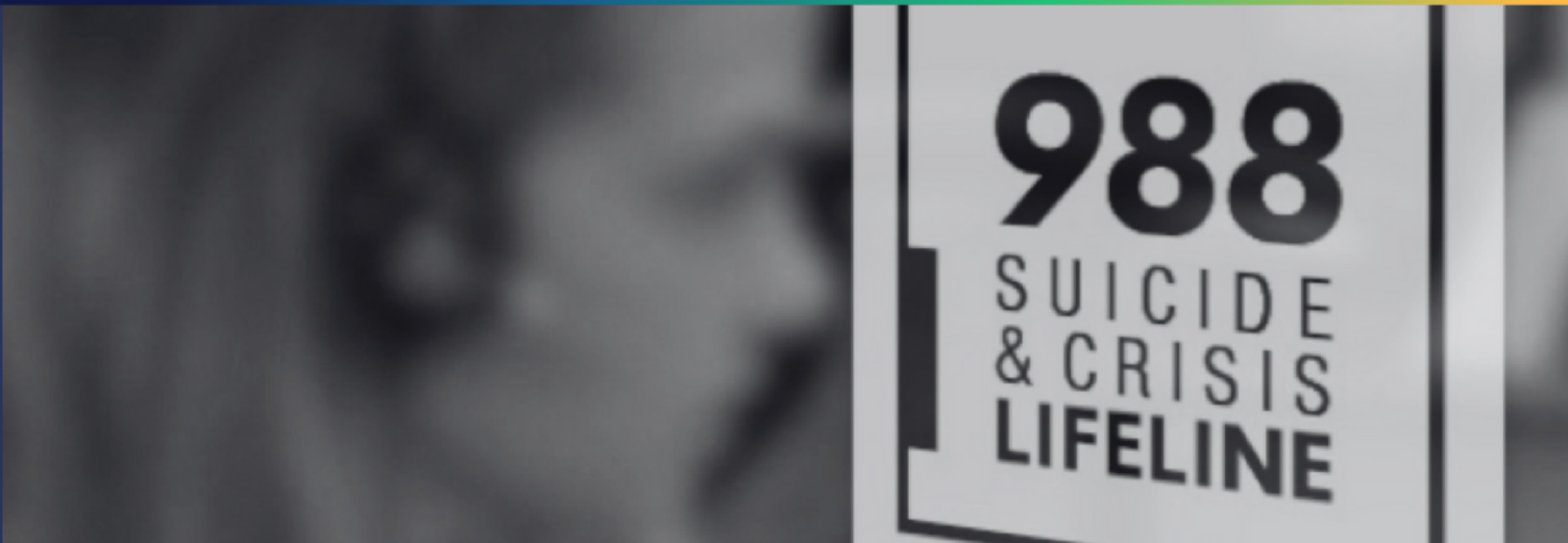
Instruction guide for how to deliver community crisis care to support 988 calls

Meaning of Care Traffic Control

Behavioral Health Link (BHL) first introduced the concept of "care traffic control" in 2014. The purpose was to ensure the care and safety of a person in crisis at every point of the clinical journey, similar to how the air traffic control's communication system is used to maintain passenger safety across the air space continuum.

In operating our state-funded services, BHL needed to coordinate a continuum of care for people accessing services through the Georgia Crisis Access Line, also known as GCAL.

This included:
- Triage at the call center to determine risk and level of care
- Timely and efficient 24/7 dispatch of mobile crisis teams
- 24/7 scheduling or outpatient appointments
- Finding open beds at hospitals and other crisis-receiving facilities for those needing a place to obtain intensive treatment

The crisis system developed for Georgia became the bedrock of model crisis services nationally and BHL's customized technology platform, also known as the BHL Platform, was developed to ensure efficient communication across the crisis care continuum.

When SAMHSA published best practices for behavioral crisis care (Crisis Now in 2016, and the National Guidelines for Behavioral Health Crisis Care in 2020), the guidelines developed by BHL became the standard approach as the model for a national framework for community crisis care.

BHL continues to improve the software to streamline crisis care services in Georgia to make it the first in the industry to reduce response times, enhance care services, and reduce the number of ER visits and law enforcement engagements to assist those in a crisis.
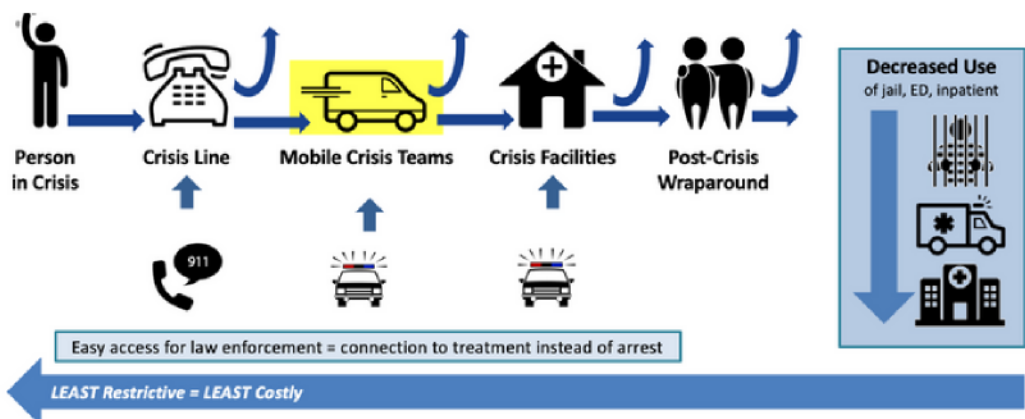
The Crisis Now Difference

The Crisis Now framework creates an alternative to the traditional public safety response to mental health crises and emergencies, by replacing it with a "public health approach."

At each phase of the crisis care continuum, crises can be resolved in the communities and in the home where the person could be experiencing distress.

It has been demonstrated that most crises (approximately 80%) can be de-escalated over the phone, chat, or text. For the remaining 20% that cannot be resolved through these initial contacts, a significant proportion can be addressed through a mobile crisis team visit. Mobile crisis teams have been shown to typically resolve 70% of their cases without the need for further care at a hospital or other crisis-receiving facility.

If there is a need to be transported, it has been shown that 65% can be discharged back to the community, and upon discharge, there are wrap-around follow-up care services, and 85% can remain stable.

All of this is designed to reduce the number of people in a behavioral health crisis encourtering police or being transported to a hospital or jail.

Person in Crisis → Crisis Line → Mobile Crisis Teams → Crisis Facilities → Post-Crisis Wraparound → Decreased Use of jail, ED, inpatient

Easy access for law enforcement = connection to treatment instead of arrest

LEAST Restrictive = LEAST Costly
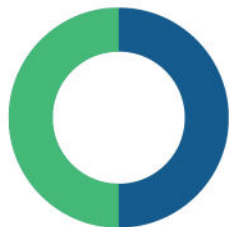
Mobile Crisis Teams
SAMHSA Guidelines

The BHL Platform abides by all of the 988 and SAMHSA Guidelines and remains in compliance with best practices to streamline care, reduce law enforcement involvement, and provide a safe space for individuals in crisis to get the help they need.

Mobile Crisis Team Goals
- Reduce unnecessary behavioral health:
  - Visits to ER
  - Hospital admissions
  - Encounters with law enforcement
- Stabilize individuals in crisis in communities where they live
- Enhance the safety of individuals, families, and community
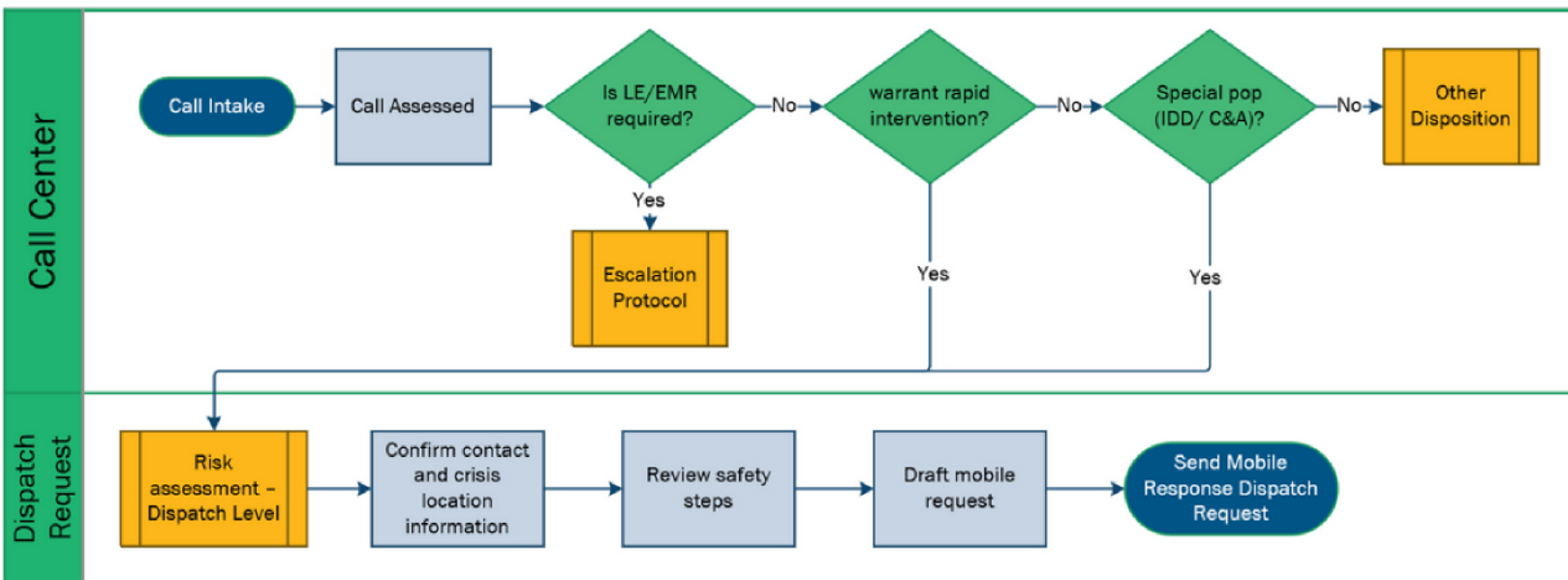
Mobile Crisis Team Objectives
- Rapid response 24/7
- Meet where the individual is comfortable
- Build rapport
- Assess risk/level of care needs
- De-escalate crisis and risk intervention and support
- Coordinate service linkages as needed, including emergency services
- Crisis planning and follow-up

Mobile Dispatch

Determining the call disposition

Call Center

Call Intake → Call Assessed → Is LE/EMR required? —No→ warrant rapid intervention? —No→ Special pop (IDD/ C&A)? —No→ Other Disposition

Is LE/EMR required? —Yes→ Escalation Protocol

warrant rapid intervention? —Yes→

Special pop (IDD/ C&A)? —Yes→

Dispatch Request

Risk assessment – Dispatch Level → Confirm contact and crisis location information → Review safety steps → Draft mobile request → Send Mobile Response Dispatch Request

Many mobile response programs nationwide may receive dispatch referrals from multiple sources, making it more complex to ensure uniform standards for mobile assessment and emergency interventions.

BHL dispatches all referrals, whether from a person in the community or providers, which are routed and triaged by a trained call agent.

Agents engage with the caller to determine the current crisis level of risk and the individual's safety. If physical or medical safety is an immediate concern, mobile crisis intervention is not viable.

Mobile response services can be offered to diverse populations including children and adolescent cases and individuals with intellectual or developmental disabilities. When on-site de-escalation is necessary some of these services may have slite variations to the standard workflow.

If it is determined that law enforcement or EMS is not required, the individual in crisis is safe or can be supported by a third party during the mobile responder's in-transit times, and the condition of the person in crisis warrants in-person intervention, a referral is made to the mobile response team to take action.

Mobile Dispatch Communication

Contact Center Specific Details

The actual dispatch and corresponding information drive the mobile crisis team approach. Through the training of crisis counselors, BHL has identified four specific details that ensure a safe approach to a mobile dispatch:

- Location - their physical verified address
- Phone number to contact
- The presenting problem
- The risk associated with the call which corresponds with the dispatch level

Dispatch Levels of Response

BHL uses standardized dispatch levels that correspond with the level of risk. These dispatch levels are vital in communicating the risk for the team, the individual in crisis, the support network needed, and the approach the team should use when arriving on the scene.

- **Level 1 -** Indicates minimal risk, and is deemed a safe setting, which could be a location where other staff are present such as a jail, school, doctor's office, social service agency, or hospital.
- **Level 2 -** Indicates a low risk and could include the same settings as level 1 but adds in public locations and homes. BHL uses this risk as a safe setting to send mobile staff using safety practices, with a potential for some added environmental risk.
- **Level 3 -** Indicates more of the decision-making process on the teams. Clinicians need to use their clinical judgment and the triage information to determine if law enforcement is needed for support. This could be the result of someone who has recently been aggressive, or there is a known history of risk, verbal aggression, or paranoia.
- **Level 4 -** indicates to the mobile team that this is a higher-risk situation, and that LE needs to approach the situation first, this could be someone who is physically aggressive, a known weapon with intent to act, or higher environmental risks.

Mobile Crisis Triage Dispatch Levels

DISPATCH LEVELS	1	2	3	4	UNIVERSAL CONCEPTS FOR ALL LEVELS
RISK	MINIMAL	LOW	MODERATE	HIGH	• Peer support at all levels
TEAM COMING TO YOU	**MOBILE CRISIS TEAM/PEER SUPPORT** • Hospital • Jail • School • Social services agency • Doctor's office	**MOBILE CRISIS TEAM ALONE** • Secure location as listed in Level 1 • Homes • Public places	**MOBILE CRISIS TEAM LEADS** • Law enforcement support as needed	**LAW ENFORCEMENT LEADS** • Mobile and environment secured • Mobile team follows law enforcement instructions • The team must observe law enforcement instructions and respond as the scene is deemed safe for entry	• Consider Autism Spectrum Disorder (ASD), Child & Adolescent (C&A), or Intellectual Developmental Disability (IDD) add-on to dispatch level as a specific identifier • May use adjunct telehealth for expertise
ACUITY GUIDELINES	**LEVEL 1** • Safe location with staff present • A residence is not a safe location • Staff may go alone	**LEVEL 2** • Inherent community response risk • Use mobile safety practices • No law enforcement is needed if a location is deemed safe	**LEVEL 3** • Mobile team leads • Law enforcement coordination via phone or in-person • Use mobile safety practices **Acuity Guidelines:** • Verbal aggression • Acute paranoia or agitation • Recent suicidal behavior • Environmental/behavioral risk factors	**LEVEL 4** • Law enforcement will lead and the mobile crisis team will follow once the scene is safe **Acuity Guidelines:** • Physical aggression • Weapons known or reported • Harm to self or others with action or intent • Environmental or behavioral risk factors	

Is medical attention needed?
MEDICAL AID • EMS • FIRE DEPARTMENT ASSISTANCE

Dispatching Nearest Team

Available responders with an ETA
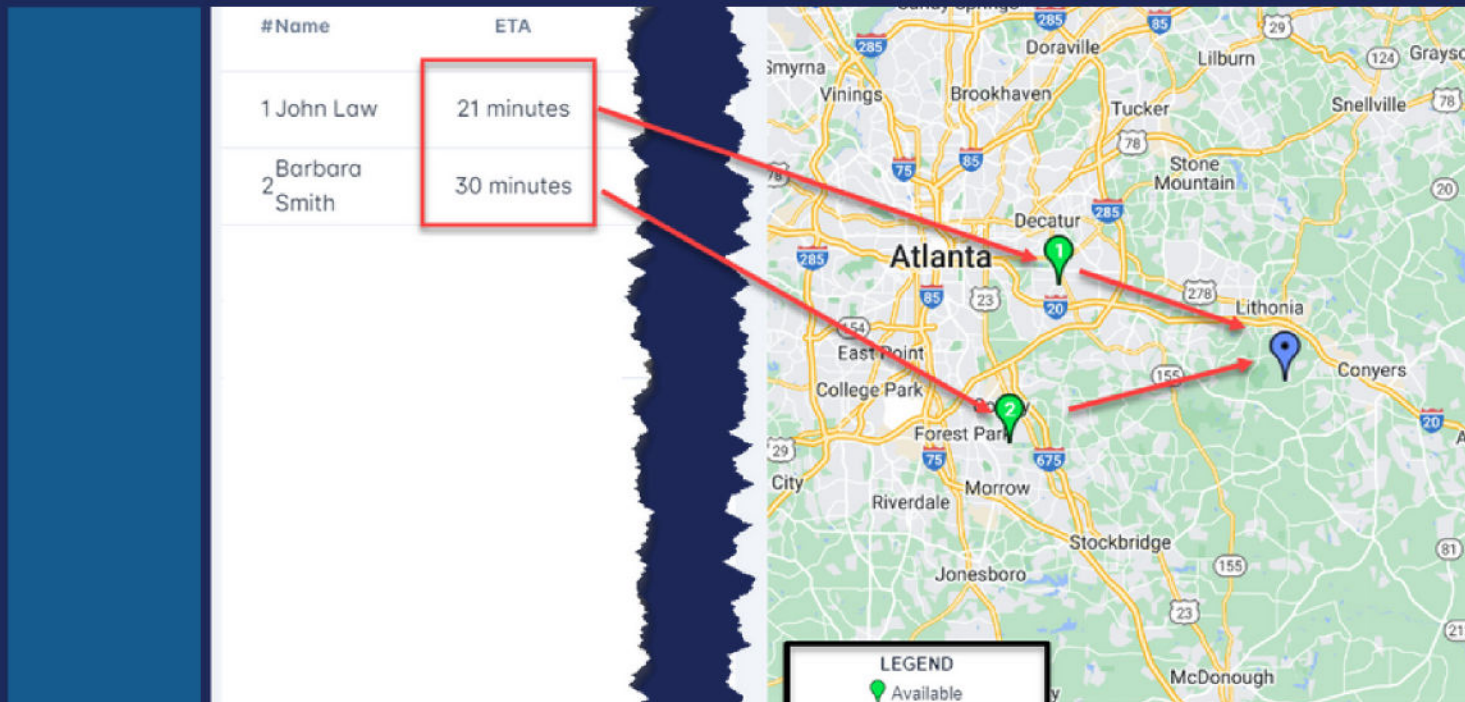
Having a systematic way to streamline the crisis care process will save time. Upon the call center submitting the referral, the BHL Platform will send a notification in-app or via text to the corresponding dispatch team. The case is transferred to a dispatch board, and the status is set as a pre-dispatch.

During this time, a team of trained regional dispatchers will review the case notes and safety information, may request additional details from the call center team, and can update the case before dispatching a responder team.
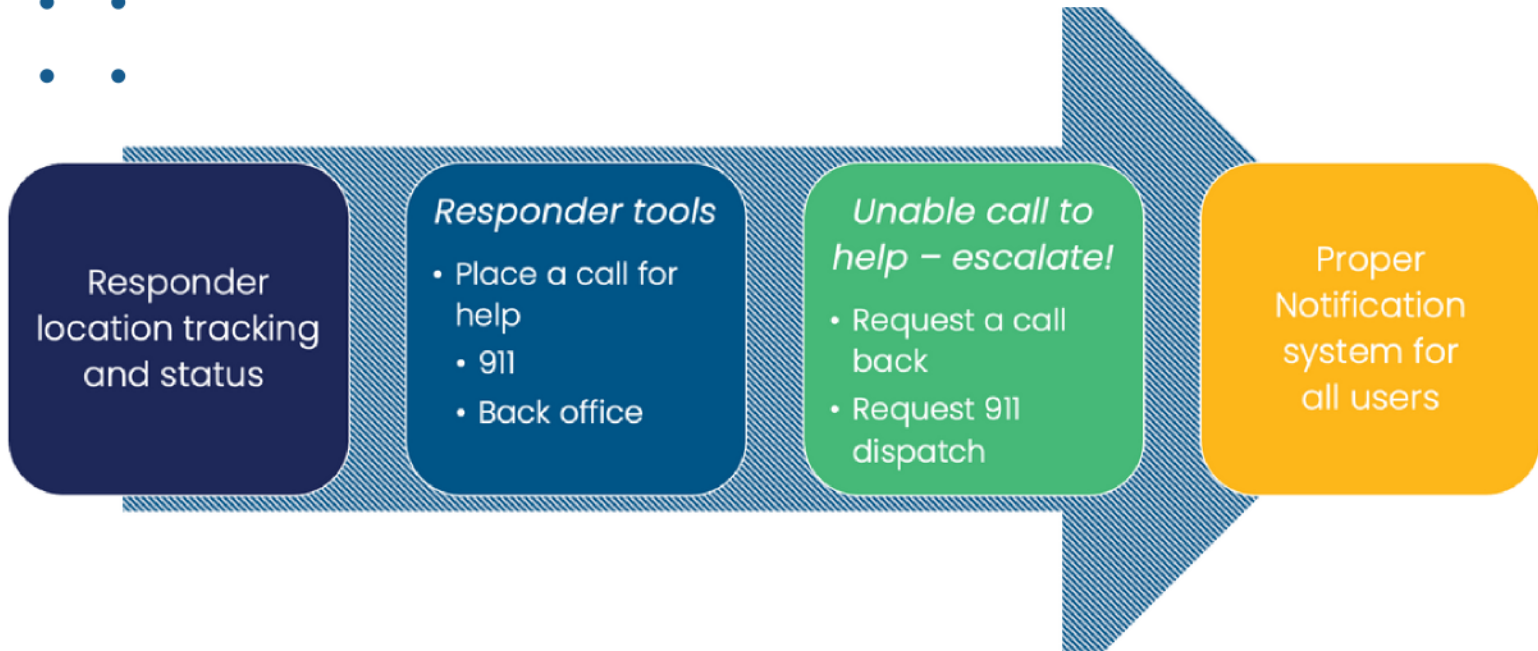
If all the required information is available, the dispatcher can locate the closest qualified responders. Using GPS-enabled technology, our tool maps available responders by distance to the crisis location, enabling the dispatch team to identify, select, and dispatch responders to the scene.

The platform also provides the dispatcher personnel and supervisory teams access to a mapping tool to manage the responders. The tool provides visibility to each responder's status *(available, dispatch, case documentation, break, etc.)* to help keep teams accountable and assist the back-office team in managing the team for the next crisis.

With the nationwide challenges on staffing, the BHL platform also supports and tracks telehealth hybrid dispatch models with embedded safety features.

Tracking and Staff Safety

| Responder location tracking and status | **Responder tools**
• Place a call for help
• 911
• Back office | **Unable call to help – escalate!**
• Request a call back
• Request 911 dispatch | Proper Notification system for all users |

After the case is dispatched, the BHL Platform's dispatcher board tracks all active cases and their responders' workflow while on scene.

On the responder side, the Platform comes equipped with safety features that enable the responder to escalate when needed.

Features include:
- The ability to call 911
- Call the back office for assistance
- Request a call from the back-office staff
- Trigger an SOS alarm that notifies the back office to dispatch law enforcement to the scene

These workflow steps are supported within the BHL platform by a notification system designed to work in the app and support SMS/texting.

Access to Information

Eases access to information

- Immediate contact with supervisors
- Able to clarify information as needed
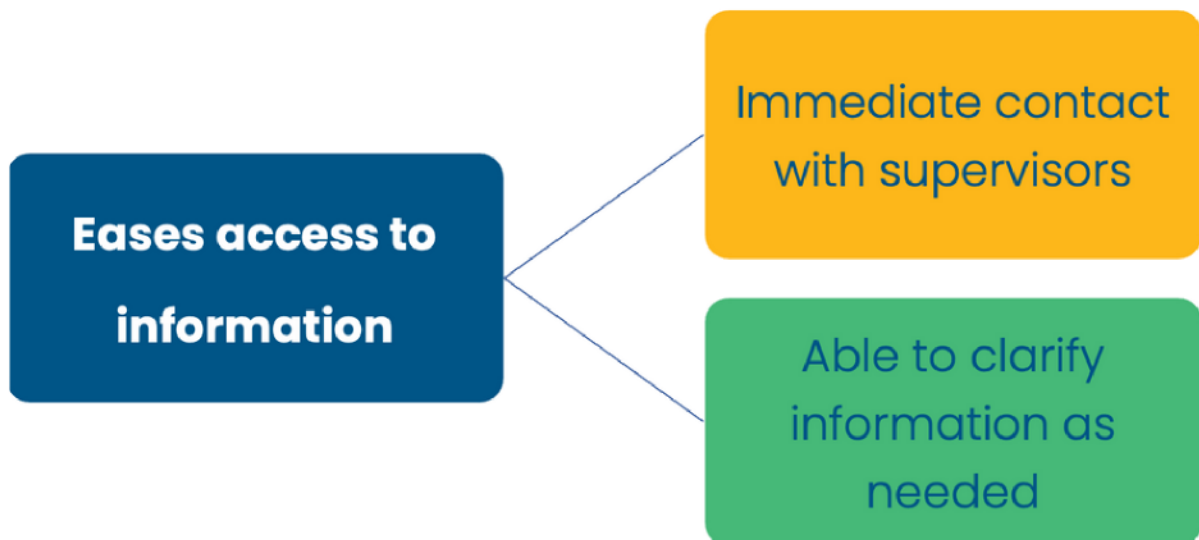
A mobile crisis is not only made up of a team going into the field to assess individuals in their community; they must be supported by tools and technologies that can support them in keeping the individual, the community, and the team safe when they respond.

Through real-time access to information, any mobile program can ensure the safety of staff, with immediate access to their supervisor by alerting the dispatchers about an emergent situation.

While mobile crisis does not provide long-term therapy, it does provide a pathway to care that can avoid unnecessary waits and sub-standard care in emergency room settings. It can also alleviate unnecessary law enforcement encounters.

When the resources are provided to help clinicians efficiently communicate the needs of a person in crisis, it gives the mobile crisis team the ability to successfully link them to the appropriate level of care across the service continuum.